

↑  
**TO BE FILLED OUT BY THE APARTMENT MANAGER/LANDLORD**  
↑

Please **copy your letterhead/business card to the space provided above**. If you are unable to do so, the following information must be included on your own letterhead.

**LETTER OF INTENT**

**ALL SECTIONS MUST BE COMPLETED:**



**RENTAL INFORMATION:**

**NAME OF THE VICTIM AND INTENDED OCCUPANTS (and their relationship to the victim):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RENTAL AMOUNT:**      \$ \_\_\_\_\_

**RENTAL DEPOSIT(S):** \$ \_\_\_\_\_

(Pet deposits are not included)

**APPLICATION FEE** (if any): \$ \_\_\_\_\_

**ARE YOU REQUESTING THE 1<sup>ST</sup> MONTH'S RENT PRIOR TO MOVE IN:** YES \_\_\_\_ NO \_\_\_\_ (check one)

**LOCATION OF INTENDED RESIDENCE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ESTIMATED DATE OF MOVE IN:** \_\_\_\_\_ (month / day / year)



**TO YOUR KNOWLEDGE, HAS THE VICTIM RECEIVED OR APPLIED FOR ASSISTANCE FROM OTHER AGENCIES, SUCH AS THE LOCAL HOUSING AUTHORITY?**

YES \_\_\_\_ NO \_\_\_\_ If yes, amount of assistance: \_\_\_\_\_

**Name of Agency** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Telephone #** ( \_\_\_\_\_ )



**I UNDERSTAND AND ACCEPT THAT THE LEASE IS AN AGREEMENT BETWEEN ME AND THE TENANT, AND NOT THE CVC PROGRAM.**

\_\_\_\_\_  
PRINTED NAME OF LANDLORD / APARTMENT MANAGER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF LANDLORD/APARTMENT MANAGER

( \_\_\_\_\_ )  
TELEPHONE NUMBER

**TAX ID OR SSN OF PROPERTY OWNER/MANAGEMENT COMPANY:** \_\_\_\_\_  
**(Unable to issue payment without a valid Tax ID or SSN)**